



Municipal Police Training Committee

6 Adams Street, Randolph, MA 02368
(781) 437-0300 FAX (781) 963-0235

APPLICATION FOR ENROLLMENT IN A BASIC RECRUIT ACADEMY

INSTRUCTIONS: Application is to be made and submitted by the employing department. Complete and forward original application form to the Basic Recruit Academy Coordinator at M.P.T.C. HQ, 6 Adams Street, Randolph, MA 02368, and a copy to the Academy at which the basic training session will be conducted. This application shall be returned to the employing department without consideration unless all requested information is supplied and applicable signatures provided. (Enrollment in a Certified Academy i.e. Lowell, MBTA, Springfield, Boston must be made directly to their Academy.)

BASIC RECRUIT ACADEMY REQUESTED		Start Date:
EMPLOYING DEPARTMENT:		DEPARTMENT CHIEF:
DEPARTMENT'S ADDRESS: (STREET, CITY/TOWN, ZIP CODE)		
DEPARTMENT CONTACT: (NAME & POSITION)	DEPARTMENT CONTACT'S E-MAIL ADDRESS: * (Preferred means of communication)	
_____	_____	
TELEPHONE NUMBER: ()	FAX NUMBER ()	
APPLICANT'S NAME: (Last, First, M) _____		
FULL-TIME POLICE OFFICER: _____ PART-TIME POLICE OFFICER: _____ SPONSORED: _____ Part-time and Sponsored applicants must submit the Joint Waiver and Support Agreement as well as Medical Pages 1 & 6 and Official PAT result.		
<p>CERTIFICATION BY THE CHIEF OF POLICE OF THE EMPLOYING DEPARTMENT This application is approved for attendance at the police academy. The employing department agrees to abide by the regulations, policies, and procedures of the Municipal Police Training Committee with regard to police academy training and understands that the program includes physical skill training. It is agreed that the applicant shall be covered by emergency health care insurance at all times while attending the Academy. The employing department agrees, in case of illness or injury, the Academy staff may take whatever actions are deemed necessary to arrange for emergency medical services. It is agreed that the applicant shall comply with entry-level medical and physical fitness standards as established by the Human Resource Division (HRD) of the Executive Office for Administration and Finance (A&F). It is agreed that all issues of civil liability shall be determined in accordance with Chapter 258 of the Massachusetts General Laws.</p> <p>CHIEF'S SIGNATURE: _____ DATE: _____</p>		

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POLICE DEPARTMENT:	ACADEMY REQUESTED:
NAME: (Last, First, Middle)	SS# DATE OF BIRTH: (mm/dd/yyyy)
RESIDENTIAL ADDRESS: (STREET, CITY/TOWN, ZIP CODE)	EMPLOYING POLICE DEPARTMENT:
MAILING ADDRESS:	TELEPHONE NUMBER: ()

Disclosure of the following does not affect applicant's enrollment status. Attach additional pages if necessary.

CURRENT COMPREHENSIVE MEDICAL : (mm/dd/yy) (Valid for 6 months)	CURRENT PAT: (mm/dd/yy) (Valid for 6 months – not to be expired Day 1 –
KNOWN MEDICAL/PHYSICAL CONDITIONS:	KNOWN ALLERGIES:
HAVE YOU EXPERIENCED ANY OF THE FOLLOWING DURING EXERCUTION? DIZZINESS FAINTNESS CHEST PAIN SHORTNESS OF BREATH - IF YES, EXPLAIN: ____ YES ____ NO	ARE YOU CURRENTLY TAKING MEDICATIONS? (PRESCRIPTION & NON-PRESCRIPTION) ____ YES ____ NO (IF YES, EXPLAIN):
MEDICAL INSURANCE COMPANY/ ID# :	
EMERGENCY CONTACT: (NAME & RELATIONSHIP)	EMERGENCY CONTACT TELEPHONE NUMBER: ()
<p>CERTIFICATION BY APPLICANT I agree to comply with all regulations, policies, and procedures set forth by the Municipal Police Training Committee with regard to police academy training and understand that I may be subject to dismissal from the Academy for violations or non-compliance thereof. I also agree that, in case of illness or injury, the Academy staff may take whatever actions are deemed necessary to arrange for emergency medical services. I certify that I am in good health, physically fit and will possess emergency health care insurance coverage at all times while attending the Academy. I agree that all issues of civil liability shall be determined in accordance with Chapter 26 of Massachusetts General Laws.</p> <p>SIGNATURE: _____ DATE: _____</p>	

Revised: 08/30/07